APPLICATION FOR WASHINGTON STATE FERRY (WSF) PASS VIA PAYROLL DEDUCTION

PAYROLL DEDUCTION PLAN

☐	WSF Central Sound Monthly Pass	$117.45
☐	WSF Fauntleroy-Southworth Monthly Pass	$92.50
☐	WSF Mukilteo-Clinton Monthly Pass	$72.65
☐	WSF Vashon Island Monthly Pass	$77.80

PAYROLL DEDUCTION PLAN

1. Please Choose the product you wish to purchase

2. Fill in: Name, Employee ID #, Home Address, Department-Division, Mailstop Address, Daytime Phone # and Email Address.

3. Sign on "Signature" line (bottom left-hand corner of application).

4. Fill in date (next to signature) and have Witness sign (bottom right hand corner of application).

5. Return completed form to: ETP: KSC-TR-0411

PRINT NAME

ADDRESS: **EMAIL ADDRESS: home and/or work**

EMPLOYEE NUMBER:	DEPARTMENT – DIVISION	9 DIGIT MAIL STOP ADDRESS	DAYTIME PHONE #
Employee ID:			

AUTHORIZATION FOR PAYROLL DEDUCTION

* I hereby apply for the purchase of a monthly Ferry pass to be loaded onto an ORCA card each month. I also hereby authorize King County to make a monthly payroll deduction in the amount set by the WSF. I agree that payroll deductions shall continue during 2nd pay periods of each month for the remainder of this agreement. **Price is subject to change and any increase in the cost of the Ferry will result in a higher amount being deducted.** I agree to notify ETP to cancel deduction by the first day of the prior effective month. For example to cancel your WSF monthly pass at the end of September, you will need to inform the ETP no later than September 1st so that no WSF payroll deduction is processed in September for your October pass.

* I understand that the ferry product is intended for employee use only, are not transferable, and may not be used by family members or other parties.

* I understand that I will be receiving an ORCA card one time and Ferry products will be loaded onto this card each month.

* I understand that I may cancel deduction by the first day of the prior effective month. Once I cancel the service, I will have to re-apply 30 days prior to the month in which I choose to start this service again.

Signature_____ Date_____ Witness_____